



**Texas Department of Insurance, Division of Workers' Compensation**  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address:

Allen S. Kent, MD  
800 12<sup>th</sup> Avenue #200  
Ft. Worth, TX 76104

MFDR Tracking #: M4-06-2861-01

Inj

Respondent Name and Box #:

Vanliner Insurance Co.  
Rep. Box #: 01

E

Insu

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: Billed within TWCC guidelines...

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$149.46
3. CMS 1500s
4. EOBs

**Sent**

**DEC '06 2007**

TX DEPARTMENT OF INSURANCE  
DIVISION OF WORKERS'  
COMPENSATION

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: None Submitted

### PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes	Denial Codes	Part V Reference	Amount Ordered
01/24/05	99215	N (855-022, 855-051), O (920-002)	1, 2	\$0.00
<b>Total Due:</b>				\$0.00

### PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason codes:
  - N – Not Appropriately Documented
  - N (855-022) – Charge denied due to lack of sufficient documentation or services rendered
  - N (855-051) – Medical documentation does not support and/or justify the submitted charges
  - O (920-002) – In Response to a provider inquiry, we have re-analyzed this bill and arrived at the same recommended allowance.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

2. Documentation provided by Requestor should meet the three key components of comprehensive history, comprehensive examination, and medical decision making of high complexity. However, the material provided does not show evidence of comprehensive history nor does it meet the standard of medical decision making of high complexity per the documentation guidelines for evaluation and management services. Therefore, reimbursement is not recommended per §134.202.

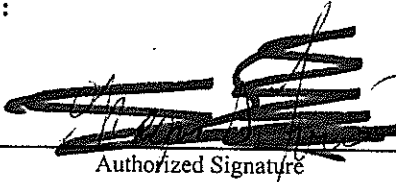
#### **PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311  
28 Texas Administrative Code Section 134.1, Section 134.202  
Texas Government Code, Chapter 2001, Subchapter G

#### **PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

#### **DECISION:**

  
Authorized Signatory  
Medical Fee Dispute Resolution Officer

12/05/07  
Date

#### **PART VIII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

[REDACTED]

[REDACTED]